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41129 7590 06/30/2005

NEIL J. COIG
2355 DRUSILLA LANE
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07/26/2005 WASFAW2 00000138 10710429

01 FC:2501 700.00 OP
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Sue Butler	(Depositor's name)
<i>Sue Butler</i>	(Signature)
July 19, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,429	07/09/2004	Robert S. Crawford	10051/003	5042

TITLE OF INVENTION: MEDICAL DEVICE CARRIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/30/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RESTIFO, JEFFREY J	3618	280-047350

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roy, Kiesel, Keegan
2 & DeNicola
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 18-2210 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Date July 19, 2005Typed or printed name Neil J. CoigRegistration No. 48,929

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IN THE UNITED STATES OF AMERICA
PATENT AND TRADEMARK OFFICE

APPLICANT: Robert S. Crawford **TITLE:** MEDICAL DEVICE CARRIER
SERIAL NO: 10/710,429 **ART UNIT:** 3618
FILING DATE: 07/09/2004 **EXAMINER:** Jeffrey J. Restifo
DOCKET NO.: 10051.003

COMMISSIONER OF PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

CERTIFICATE OF MAILING

Date of Deposit: July 19, 2005

I hereby certify that the following paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown above with sufficient postage for first class mail in an envelope addressed to Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- Transmittal form;
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Sue Butler



PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10710,429

Filing Date

07/09/2004

First Named Inventor

Robert S. Crawford

Art Unit

3618

Examiner Name

Jeffrey J. Restifo

Attorney Docket Number

10051.003

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Part B-fee transmittal form, certificate of mailing, stamped return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Check no. 45109 - payment of Issue fee and publication fee.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Roy, Kiesel, Keegan & DeNicola		
Signature			
Printed name	Neil J. Coig		
Date	07/19/2005	Reg. No.	48,929

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Sue Butler	Date	07/19/2005

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